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Attempted Self-Circumcision Using a Non-Medically Approved Device Purchased Online: A Case Report

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Abstract

Background: Circumcision is a common urological procedure with established medical, cultural, and religious indications when performed by trained practitioners in an appropriate clinical setting. Self-circumcision using internet-purchased devices is uncommon but clinically important because it may cause uncontrolled bleeding, tissue loss, urethral injury, infection, psychological distress, and delayed presentation. This case is reported to highlight the emergency management and public health implications of online access to non-medically approved circumcision devices.

Case Presentation: A 48-year-old male presented to the emergency department 24 hours after attempting circumcision at home using a preputial stapler and cutting device purchased from an online marketplace. He reported ongoing bleeding, pain, and partially detached preputial and penile shaft skin. Clinical assessment showed a circumferential penile shaft wound with retained staples, exposed shaft tissue, and a cut approximately 7-8 mm proximal to the usual circumcision line. Blood and urine investigations were reported as normal; actual values should be inserted from the clinical record before submission. The patient was counselled and consented for emergency surgical repair. In theatre, staples were removed, haemostasis was secured, and primary wound repair/reconstruction was performed. A mental health assessment was completed during admission.

Conclusion: Self-circumcision using devices purchased online may result in significant penile injury requiring urgent urological assessment. Emergency clinicians should document haemodynamic status, wound extent, glans and urethral integrity, infection risk, operative management, mental health assessment, and follow-up outcomes.

Keywords: Circumcision; self-circumcision; internet-purchased device; self-harm; circumcision complications

Introduction

Circumcision has longstanding historical, cultural, religious, and medical significance and remains one of the most frequently performed procedures involving the foreskin. In contemporary medical practice, indications include phimosis, balanitis xerotica obliterans/lichen sclerosus, paraphimosis, recurrent balanitis, selected traumatic conditions, and other patient-specific indications after appropriate clinical assessment [1]. As with any surgical procedure, circumcision should be performed by trained practitioners after informed consent, explanation of risks and benefits, and assessment of patient suitability [2].

Self-circumcision is rare but has been described in the literature across different contexts, including psychosocial pressure, embarrassment, avoidance of medical consultation, financial barriers, delayed access to surgery, and psychiatric vulnerability [3,4,6,7]. Reported complications include bleeding, infection, skin avulsion or necrosis, penile shaft injury, urethral injury, neurovascular compromise, disfigurement, penile shortening, painful erections, and erectile dysfunction [3-7].

The growth of online marketplaces has changed the risk landscape by allowing consumers to purchase circumcision clamps, staplers, and other cutting or compression devices without direct clinical assessment, prescription, age verification, or supervised instruction. Although the present case cannot prove a population-level trend, it illustrates an anecdotally observed clinical concern: patients may be influenced by online information and the apparent simplicity of these devices, then attempt a surgical procedure outside a medical environment.

This case adds to previously reported self-circumcision cases by describing an adult male in the United Kingdom who used an internet-purchased preputial stapler/cutting device, delayed presentation for 24 hours, and required emergency surgical wound reconstruction and mental health assessment. The report is structured according to CARE case report principles, with explicit attention to timeline, clinical findings, diagnostic assessment, intervention, outcome documentation, limitations, and patient perspective [9].

Case Presentation

Patient information and presenting concern

A 48-year-old male presented to the emergency department of our hospital 24 hours after an attempted self-circumcision at home. His primary concerns were bleeding from the wound, pain, and a segment of free skin hanging detached from the penile shaft, which he was unable to fully excise because of pain. He had purchased a preputial stapler and cutting device from a well-known multinational internet marketplace (Figure 1).

Figure 1. *Preputial stapler/cutting device reportedly purchased online by the patient before the attempted self-circumcision. The image is included to demonstrate the device type involved in the injury and is not intended to endorse or instruct use. Publication of this photograph should be supported by patient consent and institutional governance approval.*

The patient described attempting a circular incision starting at the foreskin and extending proximally toward the penile shaft using the cutting component, followed by use of the stapler in an unsuccessful attempt to close the wound. He reported viewing circumcision-related videos on the internet before attempting the procedure. His stated motivations were to avoid medical costs and long waiting times for a surgical appointment. He also reported embarrassment and guilt after harming himself.

Clinical findings

On genital examination, multiple staples were visible over a circumferential penile shaft wound with ongoing bleeding from partially excised preputial and penile shaft skin (Figures 2 and 3). The incision was approximately 7-8 mm proximal to the position expected in an appropriately performed circumcision, creating concern for excessive shaft skin loss and future functional or cosmetic sequelae.

Figures 2 (a and b): *Clinical photographs at emergency presentation showing the self-attempted circumcision wound, retained staples, exposed penile shaft tissue, and partial skin detachment. The images demonstrate a proximal circumferential injury rather than a controlled circumcision incision. Confirm that all clinical images have been anonymised/cropped appropriately and approved for publication under institutional policy.*

Table 1: Clinical timeline

Time point	Clinical event	Details/outcome
Before injury	Patient purchased preputial stapler and cutting device online.	Device source documented; exact purchase date not stated.
Before injury	Patient viewed circumcision-related videos on the internet.	Patient-reported exposure to online procedural content.
Day 0	Attempted self-circumcision at home.	Cutting device used to create circular incision; stapler used unsuccessfully to close wound.
Day 0	Pain and bleeding developed; patient unable to complete excision.	Free skin remained detached from shaft.
Day 1 (24 hours after attempt)	Presented to emergency department.	Bleeding, pain, retained staples, exposed shaft tissue, and partially excised skin documented.
Day 1	Initial investigations.	Blood and urine tests reportedly normal; actual laboratory values required.
Day 1	Emergency urology management.	Counselled and consented for emergency surgical repair.
Day 1	Operative treatment.	Staples removed, haemostasis achieved, primary wound repair/reconstruction performed.
Same admission	Mental health assessment.	Completed; findings and risk-management plan require insertion.
Discharge / follow-up	Postoperative review and outcome.	[AUTHOR TO ADD: discharge date, antibiotics/dressing plan, follow-up date(s), wound healing, infection/dehiscence/haematoma, urinary function, sexual/erectile function, cosmetic outcome, and mental health follow-up.]

Diagnostic assessment and differential considerations

The working diagnosis was traumatic penile shaft wound after attempted self-circumcision using an internet-purchased preputial stapler/cutting device. The diagnostic assessment focused on identifying haemodynamic instability from blood loss, retained foreign material/staples, infection or contamination, excessive skin loss, glans vascular compromise, urethral injury, corporal injury, tissue necrosis, and psychological or self-harm risk.

Emergency surgical management was justified by ongoing bleeding, retained staples, open circumferential wound, exposed shaft tissue, pain, incomplete skin excision, and the need to assess deeper structures directly. A deferred or conservative approach would have risked further bleeding, infection, wound breakdown, and avoidable functional or cosmetic sequelae.

Therapeutic intervention

The patient was counselled regarding the injury and consented for emergency operative repair. He was placed on the emergency theatre list. In theatre, retained staples were removed from the penile shaft wound, haemostasis was secured, and the wound underwent primary closure and reconstruction.

Discussion

This case illustrates the serious clinical consequences that can follow self-circumcision performed outside a medical setting. The injury combined a circumferential penile shaft wound, retained staples, bleeding, and partial detachment of preputial/shaft skin. Although the patient did not present in the context of a documented psychotic disorder in the source manuscript, a complete psychiatric and psychosocial assessment remains essential because genital self-injury may occur in association with psychiatric illness, self-harm behaviour, intoxication, shame, social pressure, financial barriers, or avoidance of healthcare [3,6,7]. The present case is consistent with previous reports showing that self-circumcision can result from multiple pathways rather than a single cause. Kintu-Luwaga described a 21-year-old male who used a razor blade and presented 13 days later with extensive penile skin denudation, pain, bleeding, no evidence of psychosis, and eventual recovery after antibiotics, analgesia, and reconstruction [3]. Rogers et al. reported a 31-year-old male who used an internet-purchased disposable plastic circumcision clamp, attempted his own suture and skin glue repair, and healed without major sequelae after conservative wound care and follow-up [4]. Koç reported a 19-year-old male who used a razor blade because of shame related to remaining uncircumcised, resulting in laceration and penile skin avulsion that required urgent repair [7]. Compared with these reports, the present case is notable for use of a stapling/cutting device bought online, proximal shaft injury, retained staples, 24-hour delayed presentation, emergency operative reconstruction, and documented need for mental health assessment.

Table 2: Comparative summary of published self-circumcision cases

Study	Patient	Method/device	Injury/presentation	Management/outcome	Reported motive/psychosocial factors
Koç 2011 [7]	19-year-old male	Razor blade; no anaesthetic	Laceration and avulsion of penile skin/foreskin; bleeding controlled by improvised tampon	Urgent debridement/circumcision and repair; discharged 2 days after operation without reported complication	Shame related to being older than local usual circumcision age; no psychological/organic problem reported
Kintu-Luwaga 2016 [3]	21-year-old male	Razor blade	Extensive 7 cm penile skin denudation, severe bleeding and pain; presented 13 days later	Analgesics, antibiotics and surgical reconstruction; discharged on postoperative day 2 and recovered fully	Reluctance to be circumcised; peer/social pressure; no psychosis reported
Rogers et al. 2016 [4]	31-year-old male	Disposable plastic circumcision clamp purchased online; self-suture and skin glue attempted	Ventral wound-edge separation after clamp removal; no infection; granulation tissue present	Conservative management with bacitracin; healed well at 1 month without significant sequelae	Wanted to avoid need to retract redundant foreskin before voiding
Present case	48-year-old male	Preputial stapler and cutting device purchased online	Circumferential proximal shaft wound, bleeding, retained staples, partially detached skin and exposed shaft tissue	Emergency staple removal, haemostasis, primary closure/reconstruction; mental health assessment completed	Avoidance of medical bills and waiting time; internet videos; embarrassment/guilt after injury; follow-up outcome requires completion

For emergency physicians and urologists, the immediate priorities are haemodynamic assessment, pain control, bleeding control, tetanus/antibiotic considerations when indicated, careful genital examination, and early senior urological involvement. Examination should document wound dimensions, tissue viability, degree of contamination, glans perfusion, neurovascular status, urethral/meatal integrity, ability to void, and evidence of infection or necrosis. When urethral injury is suspected, urethral catheterisation should be avoided until appropriate urological assessment and imaging or cystoscopy have been considered.

The operative plan should be guided by wound depth, tissue viability, bleeding source, retained material, urethral/corporal involvement, and the amount of remaining shaft skin. Repair may include removal of foreign material, irrigation, debridement of non-viable tissue, haemostasis, layered closure, dressing, catheterisation if indicated, and planned review for wound healing and functional outcome. Follow-up should not be limited to wound appearance; urinary stream, erections, pain, sexual function, cosmetic outcome, and psychological wellbeing should be documented.

The case also has regulatory and public health implications. In Great Britain, medical devices placed on the market generally require appropriate UKCA or CE marking depending on the applicable certification pathway, and medical-device oversight is regulated through the MHRA framework [10]. Online availability of devices that appear procedural or surgical may create a false perception that self-use is safe. This report supports clinician-led education that circumcision devices should not be used without appropriate medical assessment, consent, training, and follow-up.

Policy recommendations should remain proportionate to the evidence. This single case cannot establish the incidence of self-circumcision or prove an increasing trend. However, when considered alongside earlier reports, it supports the need for better reporting of cases, clearer online safety information, stronger marketplace monitoring of medical/surgical devices, age-appropriate safeguards, and accessible referral pathways for men seeking circumcision.

Limitations

This is a single case report and cannot estimate prevalence, causality, or population-level trends. The original source manuscript did not include full medical, psychiatric, psychosocial, laboratory, operative, or follow-up outcome details; these must be completed from the clinical record before journal submission. If any details cannot be retrieved, the duration and completeness of follow-up should be explicitly stated. The clinical photographs also require confirmation of patient consent, anonymisation, and institutional governance approval for publication.

Conclusion

Self-circumcision using an online-purchased, non-medically approved device may cause clinically significant penile injury requiring urgent urological assessment and operative repair. The clinical take-away for emergency and urology teams is to assess bleeding, tissue viability, urethral integrity, infection, deeper structural injury, and mental health risk, then document follow-up outcomes including wound healing, urinary function, erectile/sexual function, and cosmetic result. The public health take-away is that online access to circumcision devices should be accompanied by stronger regulation, clearer warnings, and education that circumcision is a surgical procedure requiring trained medical care.

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